

REPORT OF RECEIPTS AND DISBURSEMENTS RECEIVED FEC MAIL ROOM

FOR OTHER THAN AN AUTHORIZED COMMITTEE

(Summary Page)

2000 DEC 10 A 11:55

1. NAME OF COMMITTEE (In full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXPENDITURES		2. FEC IDENTIFICATION NUM C 00075820
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 320 FIRST STREET, S.E.	3. <input checked="" type="checkbox"/> This committee qualifies a multicandidate committee. (See FEC FORM 1M)	
CITY, STATE and ZIP CODE WASHINGTON, D.C. 20003		

4. TYPE OF REPORT

(a)

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

Monthly Report Due On:

<input type="checkbox"/> Feb 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> Aug 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> Sept 20	<input type="checkbox"/> January 31

☒ Twelfth day report preceding GENERAL

(Type Of Election)

election on 11/7/00 in the state of USA

☐ Termination Report

☐ Thirtieth day report following the General Election on

In the State of _____

(b) Is this Report an Amendment? ☒ Yes ☐ NO

SUMMARY

5 Covering Period 10-1-00 through 10-18-00

6 (a) Cash on Hand January 1, 2000

(b) Cash on Hand at Beginning of Reporting Period..

(c) Total Receipts (from Line 19).....

(d) Subtotal (add Lines 6(b) and 6(c) for Column A
and Lines 6(a) and 6(c) for Column B).....

7 Total Disbursements (from Line 30).....

8 Cash on Hand at Close of Reporting Period (line 7 fm Line 6(d))

9 Debts and Obligations Owed TO the Committee
(Itemize all on Schedule C and/or Schedule D).....

10 Debts and Obligations Owed BY the Committee
(Itemize all on Schedule C and/or Schedule D).....

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct
and complete.

Type or Print Name of Treasurer

DONNA M. ANDERSON

Signature of Treasurer

Donna M. Anderson

For further information contact
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463
Toll Free 800-424-9630
Local 202-219-3429

Date

12/6/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. Sec. 4

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FEC FORM 3X
(revised 9/93)